FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
	(See instructions)	Office use only
1. NAME OF COMMITTEE (in	full) (Check if name Example: If typying, type over the lines	12FE4M5
SANDLER TRA	AVIS AND ROSENBERG P.A. POLITICAL ACTION COMMITTI	<u> </u>
ADDRESS (number and	street) 5200 Blue Lagoon Drive	
(Check if address	Suite 600	
is changed)	Miami	FL 33026 - 1
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	ccaldas@strtrade.com	
(Check if address is changed) 2. DATE M N 0 3		
3. FEC IDENTIFICA	TION NUMBER C C00409250]
4. IS THIS STATEM	MENT NEW (N) OR X AMENDED (A)	
I certify that I have exami	ined this Statement and to the best of my knowledge and belief it is true, correct an Treasurer Carmen A Caldas	
Signature of Treasurer	Electronically Filed by Carmen A Caldas	Date 04 / 20 / Y 2009
NOTE: Submission of fa	lse, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530	

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5.			OMMITTEE (Check One) Committee:	
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete tinformation below.)	he candidate
	Name Candi			
	Candi Party	idate Affiliatio	on Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Party	Comm		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politic	cal Act	tion Committee (PAC):	
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
			X Corporation Corporation w/o Capital Stock La	bor Organization
			Membership Organization Trade Association Co	poperative
			χ In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint F	Fundra	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
		Com	mittees Participating in Joint Fundraiser	
			1. FEC ID number	
			2. FEC ID number	
			3. FEC ID number	
			. FEC ID number C	

Write or Type Committee Name

	SANDLER TRAVIS AND	ROSENBERG P.A. POLITICAL ACTION	ON COMMITTEE	
6.	Name of Any Connected Org	anization, Affiliated Committee, Joint Fun	draising Representative, or Lea	dership PAC Sponsor
L	SANDLER, TRAVIS & RO	SENBERG, P.A.	1 1 1 1 1 1 1 1 1 1 1	
l i				
	Mailing Address	5200 Blue Lagoon Drive		
	g	Suite 600		
		Miami I	<u> </u>	33126 _ [
		CITY▲	STATE ≜	ZIP CODE 🛕
	Relationship: X Connected Organization	Affiliated Committee Join	nt Fundraising Representative	Leadership PAC Sponsor
7.	possession of Committee	n A Caldas		
	Full Name			
	Mailing Address	5200 Blue Lagoon Drive		
		Suite 600		
		Miami		33126
	Title or Position ♥	CITY A	STATE	ZIP CODE A
			Telephone number	
8.		and address (phone number optional designated agent (e.g., assistant treas		nittee; and the
	of Treasurer Carmer	n A Caldas		
	Mailing Address	5200 Blue Lagoon Drive)	
		Suite 600		
		Miami		33126 –
	Title or Position ♥	CITY A	STATE ▲	ZIP CODE A
	Treasurer		Telephone number 305	913 8689

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Full Name of Designated Agent	Carmen A Caldas		
Mailing Address	5200 Blue Lagoon Drive		
	Suite 600		
	Miami	_FL	33126
Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Telephone	number 305	
Banks or Other Dep safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.	ttee deposits funds, h	olds accounts, rents
safety deposit boxes of Name of Bank, Depos	or maintains funds.	ttee deposits funds, h	olds accounts, rents
safety deposit boxes	or maintains funds. sitory, etc. Wachovia 200 South Biscayne Boulevard	ttee deposits funds, h	olds accounts, rents
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc. Wachovia 200 South Biscayne Boulevard 15th Floor		
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc. Wachovia 200 South Biscayne Boulevard	ttee deposits funds, h	olds accounts, rents 33131 ZIP CODE
safety deposit boxes of Name of Bank, Depos	wachovia 200 South Biscayne Boulevard 15th Floor Miami CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY		33131 _
safety deposit boxes of Name of Bank, Deposition Mailing Address	wachovia 200 South Biscayne Boulevard 15th Floor Miami CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY		33131 _
safety deposit boxes of Name of Bank, Deposition Mailing Address	wachovia 200 South Biscayne Boulevard 15th Floor Miami CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY		33131 _
Safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition Name	wachovia 200 South Biscayne Boulevard 15th Floor Miami CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY		33131 _
Safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition Name	wachovia 200 South Biscayne Boulevard 15th Floor Miami CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY CITY		33131 _